

ALL POSSIBLE

## APPLICATION SUMMARY and CERTIFICATION

**Employee's Name**  
**RR Claim No.**

The following information was either supplied by or verified by you in support of your application for (*application type*) under the Railroad Retirement Act. After you have reviewed the information, make any changes on the summary, initial the change and sign the certification on the last page. Return the certification and all pages of the summary to the RRB.

### Employee Information

**Social Security Number**  
**Date of Birth**  
**Date of Death**

### Military Service

- 1 The employee was not in active military service after September 7, 1939.
- 2 The employee had military service after September 7, 1939.

### Recent Employment

- 3 The employee had not worked in the two years before death.
- 4 The employee worked for the following companies in the last two years:

(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
- 5 The employee did not have self-employment earnings in any of the last three years.
- 6 The employee's net earnings from self-employment were less than \$400 in each of the last three years.
- 7 The employee's net earnings from self-employment were \$400 or more in one of the last three years.

### Railroad Employment

- 8 The employee had a current connection with the railroad industry.

- 9 A current connection with the railroad industry is "deemed" because the employee:
- 1 Was alive on October 1, 1981 and had at least 25 years of railroad service, and
  - 2 "Involuntarily and without fault" stopped working for the railroad on or after October 1, 1975 and was never called back to work for the railroad employer, and
  - 3 Did not decline an offer from a railroad employer to return to a job in the same "class or craft" as the last railroad job.
- 10 The employee does not have a current connection with the railroad industry.

**Employee's Family**

- 11 The employee was not survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.
- 12 The employee was not survived by children or grandchildren who may be entitled to monthly benefits.
- 13 The employee was not survived by a parent who may be entitled to monthly benefits.
- 14 The employee was survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.
- | Name | Relationship | Social Security Number |
|------|--------------|------------------------|
|------|--------------|------------------------|
- 15 The employee was survived by a child or grandchild who may be entitled to monthly benefits.
- | Name | Relationship | Social Security Number |
|------|--------------|------------------------|
|------|--------------|------------------------|
- 16 The employee was survived by a parent who may be entitled to monthly benefits.
- | Name | Relationship | Social Security Number |
|------|--------------|------------------------|
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**Applicant Information**

**Name and Address**

**Social Security Number**

**Date of Birth**

**Daytime Telephone Number**

**Type of Application Filed** (insert application type)

17 You applied for this benefit based on your relationship to the employee.

18 You applied for this benefit based on your relationship to the employee and that you are disabled.

19 You applied for this benefit based on your relationship to the employee and that you have the following children in your care.

Name	SS Nuniber	DOB	Filing For
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20 You applied for this benefit based on your relationship to the employee and that you are a full-time student.

21 You have requested that any payment due you be sent to the following bank account:

Bank Name  
Routing Number  
Account Number  
Account Type

22 You have requested that any payment due you be sent to the address shown above.

### **Applicant's Marriages**

23 You were married to someone other than the employee.

24 You were not married to anyone other than the employee.

25 You have married since the employee's death.

26 You have remarried since your divorce from the employee.

27 You have not remarried since your divorce from the employee.

28 You have never been married.

29 You were married and that marriage ended on mm / dd / yyyy.

30 You are currently married.

31 You have remarried since the employee's death.

32 You have not remarried since the employee's death.

### Criminal Offense Information

- 33 Within the past 12 months you have not been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.
- 34 Within the past 12 months you have been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

### Other Government Benefits

- 35 You have filed or plan to file in the next three months for Social Security benefits on your own account.
- 36 You have filed or plan to file in the next three months for Social Security benefits on the account of:  
Name  
Social Security Number
- 37 You have not filed nor plan to file in the next three months for Social Security benefits on any account number.
- 38 You have not filed nor do you plan to file in the next three months for Social Security benefits on an additional account number.
- 39 You are currently receiving a social security benefit.
- 39 You are **not** receiving a social security benefit.
- 40 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on your own earnings.
- 41 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on the account of:  
Name  
Social Security Number
- 42 In the past month you have not filed nor plan to file in the next three months for Railroad Retirement benefits on any account number.
- 43 You are currently receiving a railroad retirement annuity.
- 44 You are not receiving a railroad retirement annuity.

- 45 You are receiving a pension based on your earnings from a Federal, state or local government agency.
- 46 You received a lump-sum payment instead of a monthly pension from a Federal, state or local government agency.
- 47 You are not receiving nor do you expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.
- 48 You expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

### **Earnings Information**

- 49 In 9999, (last year) your total earnings were \$999,999.99
- 50 In 9999, (last year) your earnings were less than \$999,999.99
- 51 In 9999, (last year) you earned more than \$9999 in each month.
- 52 In 9999, (last year) you earned less than \$9999 in the following months:  
January February March April May June July August September October  
November December
- 53 In 9999, (current year) you expect your total earnings will be \$999,999.99.
- 54 In 9999, (current year) you expect your total earnings will be less than \$999,999.99
- 55 In 9999, (current year) you expect to earn more than \$9999 in each month.
- 56 In 9999, (current year) you expect to earn less than \$9999 in the following months:  
January February March April May June July August September October  
November December
- 57 In 9999, (next year) you expect your total earnings will be \$999,999.99.
- 58 In 9999, (next year) you expect your total earnings will be less than \$999,999.99.

### **Railroad Work**

- 59 You worked for a railroad or other employer in the railroad industry.
- 60 Your date last worked for a railroad or other employer in the railroad industry was

mm / dd / yyyy.

61 This year, you worked for a railroad or other employer in the railroad industry in the following months.

January February March April May June July August September  
October November December

62 Last year, you worked for a railroad or other employer in the railroad industry in the following months.

January February March April May June July August September  
October November December

63 You have not worked for a railroad or other employer in the railroad industry.

### **Beginning Dates and Filing Dates**

64 You requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.

65 You have selected mm/dd/yyyy for the beginning date of your annuity.

66 This application will protect your filing date for Social Security benefits.

67 You do not want this application to protect your filing date for Social Security benefits.

### **Medicare**

68 You are enrolled in the Medicare Medical Insurance Plan (Part B).

69 You wish to enroll in the Medicare Medical Insurance Plan (Part B).

70 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.

71 You are claiming a special enrollment period based on coverage by an employer group health plan.

72 You are claiming premium surcharge relief based on coverage by an employer group health plan.

### **Application for (Application Type - Certification)**

**Employee's RR Claim Number**  
**Employee's Name**  
**Employee's Social Security Number**

**Applicant's Name**  
**Applicant's Social Security Number**

I certify that the information I have given to the Railroad Retirement Board (RRB) in relation to this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement in order to receive benefits from the RRB, I am committing a crime which is punishable under Federal law.

I have received and reviewed a summary of the information I provided. I understand that I have an obligation to advise the RRB immediately if there are any errors in the summary I received, and have made and initialed any corrections on the Summary being returned to the RRB.

I have received and reviewed the booklets RB-17 *Survivor Annuity* and RB-9s Events that Affect a Survivor Annuity. I understand that I am responsible for reporting events that would affect my annuity. Printed if application type is *widow(er)*, child or parent who are FRA or older

I have received and reviewed the booklets RB-17 Survivor Annuity, RB-9s Events that Affect a Survivor Annuity and form G-77 How Earnings Affect Payment of Survivor Annuities. I understand that I am responsible for reporting events that would affect my annuity. Printed if application type is *widow(er)*, child or parent who are under FRA

I have received and reviewed the booklets RB-17 Survivor Annuity, RB-17b *Widow(er)'s Disability Benefits* and RB-9s Events that Affect a Survivor Annuity. I understand that I am responsible for reporting events that would affect my annuity. Printed if application type is disabled *widow(er)*

I have received and reviewed the booklets RB-17 Survivor Annuity, *RB-19a Child Disability Benefits* and RB-9s Events that Affect a Survivor Annuity. I understand that I am responsible for reporting events that would affect my annuity. Printed if application type is disabled child.

I agree to immediately notify the RRB, if

- I remarry;
- I marry;

- I begin to receive a pension or receive a lump sum payment based on my earnings from a Federal, state or local government agency;
- The amount of my pension based on my earnings from a Federal, state or local government agency changes;
- I file for social security benefits on **any** person's account;
- Benefits I receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases
- I go to work for a railroad or railroad labor organization;
- My expected earnings amount changes;
- My address changes;
- My bank account changes;
- Any person for whom I am receiving benefits dies or leaves my care;
- I am confined to a jail, prison, penal institution or correctional institution due to a conviction for a **criminal** offense.

\_\_\_\_\_  
**Signature** (First Name, Middle Initial, Last Name)

\_\_\_\_\_  
**Date**

If this certification is signed by mark ("X"), two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address (Street, City, State and ZIP Code)

\_\_\_\_\_  
**Address**(Street, City, State and ZIP Code)

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number